

reaching these goals, within and across Federal departments and agencies;

“(3) review evaluation and economic data relating to the impact of Federal interventions on the prevention of childhood obesity;

“(4) provide a description of evidence-based best practices, model programs, effective guidelines, and other strategies for preventing childhood obesity;

“(5) make recommendations to improve Federal efforts relating to obesity prevention and to ensure Federal efforts are consistent with available standards and evidence; and

“(6) monitor Federal progress in meeting specific obesity prevention goals.

“(e) STUDY; SUMMIT; GUIDELINES.—

“(1) STUDY.—The Government Accountability Office shall—

“(A) conduct a study to assess the effect of Federal nutrition assistance programs and agricultural policies on the prevention of childhood obesity, and prepare a report on the results of such study that shall include a description and evaluation of the content and impact of Federal agriculture subsidy and commodity programs and policies as such relate to Federal nutrition programs;

“(B) make recommendations to guide or revise Federal policies for ensuring access to nutritional foods in Federal nutrition assistance programs; and

“(C) complete the activities provided for under this section not later than 18 months after the date of enactment of this section.

“(2) INSTITUTE OF MEDICINE STUDY.—

“(A) IN GENERAL.—Not later than 6 months after the date of enactment of this section, the Secretary shall request that the Institute of Medicine (or similar organization) conduct a study and make recommendations on guidelines for nutritional food and physical activity advertising and marketing to prevent childhood obesity. In conducting such study the Institute of Medicine shall—

“(i) evaluate children's advertising and marketing guidelines and evidence-based literature relating to the impact of advertising on nutritional foods and physical activity in children and youth; and

“(ii) make recommendations on national guidelines for advertising and marketing practices relating to children and youth that—

“(I) reduce the exposure of children and youth to advertising and marketing of foods of poor or minimal nutritional value and practices that promote sedentary behavior; and

“(II) increase the number of media messages that promote physical activity and sound nutrition.

“(B) GUIDELINES.—Not later than 2 years after the date of enactment of this section, the Institute of Medicine shall submit to the Commission the final report concerning the results of the study, and making the recommendations, required under this paragraph.

“(3) NATIONAL SUMMIT.—

“(A) IN GENERAL.—Not later than 1 year after the date on which the report under paragraph (2)(B) is submitted, the Commission shall convene a National Summit to Implement Food and Physical Activity Advertising and Marketing Guidelines to Prevent Childhood Obesity (referred to in this section as the ‘Summit’).

“(B) COLLABORATIVE EFFORT.—The Summit shall be a collaborative effort and include representatives from—

“(i) education and child development groups;

“(ii) public health and behavioral science groups;

“(iii) child advocacy and health care provider groups; and

“(iv) advertising and marketing industry.

“(C) ACTIVITIES.—The participants in the Summit shall develop a 5-year plan for implementing the national guidelines recommended by the Institute of Medicine in the report submitted under paragraph (2)(B).

“(D) EVALUATION AND REPORTS.—Not later than 1 year after the date of enactment of this section, and biannually thereafter, the Commission shall evaluate and submit a report to Congress on the efforts of the Federal Government to implement the recommendations made by the Institute of Medicine in the report under paragraph (2)(B) that shall include a detailed description of the plan of the Secretary to implement such recommendations.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2006 through 2010.

“(g) DEFINITIONS.—For purposes of this section, the definitions contained in section 401 of the Prevention of Childhood Obesity Act shall apply.”

SEC. 102. FEDERAL TRADE COMMISSION AND MARKETING TO CHILDREN AND YOUTH.

(a) IN GENERAL.—Notwithstanding section 18 of the Federal Trade Commission Act (15 U.S.C. 57a), the Federal Trade Commission is authorized to promulgate regulations and monitor compliance with the guidelines for advertising and marketing of nutritional foods and physical activity directed at children and youth, as recommended by the National Summit to Implement Food and Physical Activity Advertising and Marketing Guidelines to Prevent Childhood Obesity (as established under section 399W-1(e)(3) of the Public Health Service Act).

(b) FINES.—Notwithstanding section 18 of the Federal Trade Commission Act (15 U.S.C. 57a), the Federal Trade Commission may assess fines on advertisers or network and media groups that fail to comply with the guidelines described in subsection (a).

TITLE II—STATE CHILDREN AND YOUTH OBESITY PREVENTION AND CONTROL

SEC. 201. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

“PART R—OBESITY PREVENTION AND CONTROL

“SEC. 399AA. STATE CHILDHOOD OBESITY PREVENTION AND CONTROL PROGRAMS.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award competitive grants to eligible entities to support activities that implement the children's obesity prevention and control plans contained in the applications submitted under subsection (b)(2).

“(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall—

“(1) be a State, territory, or an Indian tribe; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a children's obesity prevention and control plan that—

“(A) is developed with the advice of stakeholders from the public, private, and nonprofit sectors that have expertise relating to obesity prevention and control;

“(B) targets prevention and control of childhood obesity;

“(C) describes the obesity-related services and activities to be undertaken or supported by the applicant; and

“(D) describes plans or methods to evaluate the services and activities to be carried out under the grant.

“(c) USE OF FUNDS.—An eligible entity shall use amounts received under a grant under this section to conduct, in a manner consistent with the children's obesity prevention and control plan under subsection (b)(2)—

“(1) an assessment of the prevalence and incidence of obesity in children;

“(2) an identification of evidence-based and cost-effective best practices for preventing childhood obesity;

“(3) innovative multi-level behavioral or environmental interventions to prevent childhood obesity;

“(4) demonstration projects for the prevention of obesity in children and youth through partnerships between private industry organizations, community-based organizations, academic institutions, schools, hospitals, health insurers, researchers, health professionals, or other health entities determined appropriate by the Secretary;

“(5) ongoing coordination of efforts between governmental and nonprofit entities pursuing obesity prevention and control efforts, including those entities involved in related areas that may inform or overlap with childhood obesity prevention and control efforts, such as activities to promote school nutrition and physical activity; and

“(6) evaluations of State and local policies and programs related to obesity prevention in children.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2006 through 2010.

“SEC. 399AA-1. COMPREHENSIVE OBESITY PREVENTION ACTION GRANTS.

“(a) IN GENERAL.—The Secretary shall award grants on a competitive basis to eligible entities to enable such entities to implement activities related to obesity prevention and control.

“(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall—

“(1) be a public or private nonprofit entity; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under this section will be used to—

“(A) supplement or fulfill unmet needs identified in the children's obesity prevention and control plan of a State, Indian tribe, or territory (as prepared under this part); and

“(B) otherwise help achieve the goals of obesity prevention as established by the Secretary or the Commission.

“(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities submitting applications proposing to carry out programs for preventing obesity in children and youth from at-risk populations or reducing health disparities in underserved populations.

“(d) USE OF FUNDS.—An eligible entity shall use amounts received under a grant awarded under subsection (a) to implement and evaluate behavioral and environmental change programs for childhood obesity prevention.

“(e) EVALUATION.—An eligible entity that receives a grant under this section shall submit to the Secretary an evaluation of the operations and activities carried out under such grant that includes an analysis of the utilization and benefit of public health programs relevant to the activities described in subsection (d).

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be